

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6730

STATE FILE NUMBER

FILED JAN 21 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Kansas City**

Length of stay in 1b

2 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Kelly Nursing Home**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY

OR TOWN

Raytown

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6140 Raytown Rd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **Charles**

Middle **W.**

Last **Likes**

4. DATE OF DEATH

Month

Day

Year

Dec. 31

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-23-1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Deliveryman

10b. KIND OF BUSINESS OR INDUSTRY

Wolf Bros.

11. BIRTHPLACE (City and state or country)

Rockport, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Likes

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Allie Likes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes Spanish America

16. SOCIAL SECURITY NO.

17. INFORMANT

Address **Raytown, Mo.**

1 Mrs. Allie Likes, 6140 Raytown Rd.

18. CAUSE OF DEATH (Enter only one cause per line if more than one)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1960** to **Dec 15 '62** and last saw him alive on **12-15-62**

Death occurred at **3:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. E. Miller

(Degree or title)

22b. ADDRESS

909 Prof. Bldg., K.C. Mo. 12/63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-2-1963

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Floral Hills Funeral Home
Blue Ridge & Gregory**

25. DATE RECD. BY LOCAL REG.

1-2-63

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. E. Miller

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *C. M. Janner*

Licensed Embalmer No. 3452

P. O. Address H. C. Ken

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*not
9-1-61
2:30-5:00 PM
Rosen
Prof. Janner*